No. 300
10-48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13649

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3834

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Marys Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Venice
d. STREET ADDRESS (If rural, give location) 124 Bremen 2

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) W. c. (Last) Byrd Jr

4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 49

5. SEX Male

6. COLOR OR RACE Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby

8. DATE OF BIRTH Feb 3-49

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Venice Illinois

12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME Charles W. Byrd Sr.

13b. MOTHER'S MAIDEN NAME Jewel Vannoy

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS x Jewel Byrd Venice Ill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia-Bronchial — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cold
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 107

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 49 1X

22. *I hereby certify that I attended the deceased from* 4/26, 1949, *to* 4/28, 1949, *that I last saw the deceased alive on* 4/28, 1949, *and that death occurred at* 1:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE Edgar F. Worden (Degree or title) M.D.

23b. ADDRESS 930 N 2nd St

23c. DATE SIGNED 4/28

24a. BURIAL, CREMATION, REMOVAL (Specify) —

24b. DATE 4-29-49

24c. NAME OF CEMETERY OR CREMATORY Bocks Washington

24d. LOCATION (City, town, or county) (State) Centerville Ill

DATE REC'D BY LOCAL REG. APR 29 1949

REGISTRAR'S SIGNATURE J. B. Pasteur

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS H. E. Hoffmeister

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me, or by~~ anyone

working under my personal supervision.

Student Embalmer No. .....

Signed .....
Student Embalmer

Signed .....

Licensed Embalmer No. 3568

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.